

2025 Medical Rates



Benefit Outline	Option 1 - TX Only UHC Plan EAEL / RX P63-HSA HMO HSA	Option 2 UHC Plan EAEL MOD2 / RX P63-HSA PPO	Option 3 UHC Plan EAEL MOD / RX P63-HSA PPO	Option 4 UHC Plan EAEL / RX P63-HSA PPO	Option 5 UHC Plan DQW8 / RX C24 PPO	Option 6 UHC Plan DQ9F NexusACO POS/ RX C24 PPO	Option 7 UHC Plan DQ6K PROformance MOD /RX C24 PPO	Option 8 UHC Plan DQ8W NexusACO POS/ RX C24 PPO
Carrier	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company	UnitedHealthcare Insurance Company
Plan Type, Name, Network	Navigate HMO - Texas Only - No Out-of-Network	NexusACO OAP Choice + Network	NexusACO OAP Choice + Network	Choice + Network	Choice + Network	NexusACO OAP Choice + Network	Choice + Network	NexusACO OAP Choice + Network
Deductible (Individual / Family)	\$5,000 / \$10,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Non-Network Deductible (Individual / Family)	N/A	\$7,000 / \$14,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$7,500 / \$15,000	\$6,500 / \$13,000	\$6,350 / \$12,700	\$6,500 / \$13,000	\$6,000 / \$12,000	\$7,150 / \$14,300	\$4,000 / \$8,000
Non-Network OOP Max (Individual / Family)	N/A	\$14,000 / \$28,000	\$12,000 / \$24,000	\$10,000 / \$20,000	\$20,000 / \$40,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Prescription OOP Max (Individual / Family)	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinsurance (In / Out)	70%	80% / 60% / 50%	80% / 60% / 50%	80% / 50%	80% / 50%	80% / 60% / 50%	80% / 50%	80% / 60% / 50%
Wellness / Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Office Visit	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	\$0 Copay < 19 \$0 Copay	\$15 Copay < 19 \$15 Copay	\$15 Copay < 19 \$0 Copay	\$15 Copay < 19 \$15 Copay
Specialist Office Visit	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	\$100 copay	\$50 copay	\$50 / \$100 copay	\$50 copay
Walk-In / Urgent Care Visit	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	\$50 Copay	\$50 Copay	\$25	\$50 Copay
Emergency Room	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	\$250 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance
Outpatient Lab / X-Ray	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	80% after deductible	80%/60% after deductible	80% after deductible	80%/60% after deductible
Complex Imaging (MRI, CAT, PET, et al.)	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	80% after deductible	80%/60% after deductible	80% after deductible	80%/60% after deductible
Outpatient Surgical Facility	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	80% after deductible	80%/60% after deductible	80% after deductible	80%/60% after deductible
Inpatient Hospital Facility	70% after deductible	80%/60% after deductible	80%/60% after deductible	80% after deductible	80% after deductible	80%/60% after deductible	80% after deductible	80%/60% after deductible
Retail Prescription Drug Copays	\$5 / \$50 / \$150 / \$300 copay; after deductible	\$5 / \$50 / \$150 / \$300 copay; after deductible	\$5 / \$50 / \$150 / \$300 copay; after deductible	\$5 / \$50 / \$150 / \$300 copay; after deductible	\$10 / \$40 / \$85 / \$250 copay	\$10 / \$40 / \$85 / \$250 copay	\$10 / \$40 / \$85 / \$250 copay	\$10 / \$40 / \$85 / \$250 copay
Mail Order Prescription Drug Copays	\$12.50 / \$125 / \$375 / \$750 copay; after ded	\$12.50 / \$125 / \$375 / \$750 copay; after ded	\$12.50 / \$125 / \$375 / \$750 copay; after ded	\$12.50 / \$125 / \$375 / \$750 copay; after ded	\$25 / \$100 / \$212.50 / \$625 copay	\$25 / \$100 / \$212.50 / \$625 copay	\$25 / \$100 / \$212.50 / \$625 copay	\$25 / \$100 / \$212.50 / \$625 copay
Employee Only	\$601.14	\$635.57	\$670.23	\$776.09	\$810.92	\$820.50	\$966.25	\$982.39
Employee + Spouse	\$1,374.91	\$1,450.66	\$1,526.90	\$1,759.83	\$1,836.39	\$1,857.46	\$2,178.11	\$2,213.62
Employee + Child(ren)	\$1,149.24	\$1,212.94	\$1,277.05	\$1,472.96	\$1,537.33	\$1,555.04	\$1,824.66	\$1,854.52
Employee + Spouse & Child(ren)	\$2,019.74	\$2,129.90	\$2,240.82	\$2,579.68	\$2,691.01	\$2,721.63	\$3,188.03	\$3,239.68